PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/483 759

Column 1 Column 2 TYPE			01.01	0000		-			11 ;		11/13	>	4	
MASIC FEE MATE										ENTITY	OR			
NOTAL CLAIMS	FOR			NUMBE	RFILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE
NODEPENDENT CLAIMS	BA	SIC FEE						Control Control			345.00	OR		690.00
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMÆNDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS ASTER PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR JOINE FEE * Total	TC	TAL CLAIMS		12	minus	20=	*			X\$ 9=		OR	X\$18=	
# 130		·		``		3 =				X39=		OR	X78=	
* If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II **COlumn 1)** (Column 2)** (Column 3)** **CLAIMS AS AMENDED - PART II **CLAIMS REMAINING NUMBER PREVIOUSLY PART II **Total	ML	ILTIPLE DEPEN	IDENT C	CLAIM PF	RESENT					+130=		1 1	+260=	
CLAIMS AS AMENDED - PART II	* If the difference in column 1 is less than zero, enter "0" in column 2									<u></u>		{ 1		1097
CLAIMS REMAINING AFTER REMAINING AFTER ADDIT FEE		С	LAIMS	SASA	MENDED) - P	ART II				<u> </u>	71	9	THAN
REMAINING APTER PREVIOUSLY PRESENT EXTRA PRESENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF M		Comparison to the Company of the Com			15-10-1			(Column 3)	SMALL	ENTITY	OR	SMALL	ENTITY
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR TOTAL ADDIT. FEE (Column 1) (Column 2) CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR Total Independent (Column 1) (Column 2) Total Total (Column 2) Total Total (Column 3) RATE PRESENT PRESENT PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. FEE OR X\$18= X39= OR X78= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. FEE OR TOTAL	ENT A		REMA AF	AINING TER		PF	NUMBER REVIOUSLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDN	Total			Minus	**		=		X\$ 9=		OR	X\$18=	
130	AME		*	N OF M	L			<u> </u>		X39=		OR	X78=	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR TOTAL ADDIT. FEE Total • Minus • = X\$9= OR X\$18= OR ADDIT. FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = X39= OR ADDIT. FEE (Column 1) (Column 2) (Column 3) (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR ADDIT. FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 2) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 3) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 3) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 3) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 3) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 3) (Column 3) Total • Minus • • = TOTAL TIONAL FEE (Column 1) (Column 3) (Column 3) Total • Minus • • • • • • • • • • • • • • • • • • •		FIRST PRESE	INTATIO	N OF MC	JUIPLE DEI	ZENL	DENT CLAIM	 		+130=		OR	+260=	
Column 1)									Į.			ا را		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REMA	AINING TER		PF	NUMBER REVIOUSLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE
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Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT EXTRA AFTER AMENDMENT PREVIOUSLY PAID FOR Total Minus M									,			OR	TOTAL ADDIT, FEE	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * OR +260=	NDMENT C		REMA AF	INING TER		PF	NUMBER REVIOUSLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * OR +260=		Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * ADDIT FEE		FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM		┧┟			OH		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."		If the entry in colu	mn 1 is la	iss than th	ne entry in colu	mn 2	write "O" in co	dump 3				OR		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1		If the "Highest Nu If the "Highest Nu	mber Pre Imber Pre	viously Pa viously Pa	aid For" IN THI aid For" IN THI	S SPA S SPA	ACE is less that ACE is less that	an 20, enter "20 an 3, enter "3."	•	ADDIT. FEE			ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/463 719

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fcc	Fcc	-	Total
	Sa./Lg.				Sm. Entity	Lg Entry		
Basic Filing Fee	201/101						•	690
Total Claims >20	203/103	12 -20	• <u> </u>	Х			-	
Independent Claims >3	202/102	2 ., -		Х			•	
Mult. Dep Claim Present	204/104					-	•	
Surcharge 7	205/105	•	•			-	-	13/0
English Translation	_139							
TOTAL FEE CALCULA	ATION							<u>820</u>
Fees due upon filing t	he application.							
Total Filing Fees Due	= 5 <u>8</u> °	20						
Less Filing Fees Subm	nitted - \$		· · · · · · · · · · · · · · · · · · ·					
BALANCE DUE	= \$	820						
hon Ville	01/31	50				,		
Office of Initial Patent	Examination	,				⇔.		

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)